

THE
California Homœopath.

Lindern,

Lindern,

Mindern.

EDITORS;

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THE
CALIFORNIA HOMŒOPATH.

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ORIGINAL ARTICLES.

AMMONIA.

A LECTURE BY THE LATE PROF. FARRINGTON.

Ammonia acts like alkaline potash and soda, with the important difference, however, that it contains so much water it attracts but little from the tissues. Its solvent action on tissues is also less than that of potash and soda. Still, its high diffusion power causes it to easily penetrate the skin or mucous surface and cause finally ulcers and sloughing. This fact has led to the allopathic use of ammonia as a rubefacient. It raises blisters in from five to ten minutes.

When the mucous membranes are the seat of attack, a violent inflammatory irritation results, with symptoms varying with the locality. The common symptoms are burning, rawness and congestion, or copious mucorrhœa.

Taken internally in moderate doses, there is produced a feeling of stimulation, while large doses develop transient giddiness, exhilaration and increased pulse force; later, drowsiness, and then coma sets in. Whether or not uræmia is dependent upon the conversion of urea into Amm. Carb., is too doubtful a question to admit of discussion here. And,

too, it is questionable how far asphyxia is a legitimate consequence of Ammonia in the blood.

Ammon. carb.—Smelling salts is suitable to stout persons, especially women who lead a sedentary life, who are subject to catarrhs, particularly during winter. Of the parts mostly affected, we note the mucous membranes, skin, joints, glands, heart, etc. As was shown above, it is an irritant to the tissues, producing an inflammation which may result in gangrene. The vital powers are sooner or later affected, leading to coma or to blood changes which permit of hæmorrhages of dark fluid blood. If long used in small doses, a sort of scurvy ensues, teeth are loose, muscles soft, bleedings, hectic. The drowsy, comatose condition is interesting as suggesting *A. carb.* in low states of vitality, induced by some blood poison, a scarlatina; or by deficiency of oxygen in the system dependent upon chronic bronchitis with atony and copious mucus through the lungs—dilatation of the bronchia, emphysema, œdema pulmonum, etc. In such cases the patient is weak, sluggish, coughs, but raises with difficulty, or not at all, yet loud rales announce plenty of mucus, drowsiness, cool surface, muttering, grasping at flocks.* When the case is one of scarlatina, the adynamia is just as evident as exhibited in the dark red throat, and drowsiness. In addition there are, swelling of the cellular tissue of neck, right parotid large, nosed stuffed up, skin red with a miliary rash; child starts from sleep as in a fright, cannot breathe with the mouth closed. † Cerebral symptoms, though the pulse is not usually very rapid.

Mucous Membranes.—Nose stopped up, worse at 3 A. M. ‡ Child can't breathe with mouth shut; awakes as if smothering. § Burning water from the nose; throat sore, hoarse-

* Like *Ant. tart.*, *C. veg.*, *Ars.*, etc., *Ammon carb.* is useful for carbonized blood when it is the result of catarrh of lungs, etc., in old or atonic cases, when the inability of the blood to appropriate oxygen is owing to insufficient air in lungs, from dilated bronchi, relaxed walls, etc.

† See *Lach.*, which is inimical, and so must be well distinguished. See also *Bell.*, but there is here more bright throat, and no miliary rash. *Rhus.* has left parotid large, and more restlessness.

‡ 3 A. M., aggr., comp., Kali salts.

§ Also *Lyc.*, *Cham.*, *Sambuc.*, etc.

ness. || Cough 3 A. M., as from dust in throat, or with heat and burning in trachea as from alcohol. Worse every winter. Sputum slimy, contains specks of blood ** with burning and heaviness on the chest, worse ascending; face red, body trembling. Frequent morning sneezings.

In Diphtheria, or in putrid sore throat, nose stopped up, child starts from sleep; throat bluish, offensive breath, drowsy.

Heart.—Palpitation and asthma at every exertion. Ebullitions at night, seems as if heart and veins would burst; when in warm room pale, cannot move—must sit quiet to breathe. Dyspnoea and palpitation on exertion. On going to sleep starts as in fright, can't breathe. Veins of hands swell and turn blue after washing. Nose bleeds mornings while washing face.††

Emphysema.

Joints.—Sprains, hot, painful. ‡‡

Hiccough in weak persons.

Headache.—Worse, pressing teeth together.

Nightmare.—Especially with chest affections.

Menses.—Preceded by Cholera-like symptoms; §§ come too early, and are too short, also after a long ride, blood blackish, clotted, acrid. §§ During menses, fatigue, worse in thighs, with gnawing toothache, pain in small of back, and chilliness.

Swelling of parts.

Ammon. Brom.—Has been successfully employed in scrofulous ophthalmia, eyes red in the morning with white mucus in the corners.

|| Best in Aphonia, with burning rawness is *A. caust.* If also paralytic weakness is present, look to *Caust.*

** *Lauroc.* has these specs. No remedies are superior to the Ammonias in winter coughs.

†† *Arnica* is similar in some of the heart symptoms. Both suit in enlarged heart, especially with large right ventricles. *Am. c.* secondary to bronchitis, emphysema.

‡‡ After *Arnica* comp. *Sulp. ac.* and *A. mur.*

§§ *Mag. carb.* also for black blood, but it has not the acidity, and has late menses. *Verat. alb.* is similar in cholera-like symptoms.

Uterine hemorrhages with hard swollen (l.) ovary.

Feeling of a band around the head; epilepsy.

Ammon. Muriat.—Sal. Ammoniac differs considerably from the carbonate. It is said to be best adapted to the fat, sluggish patient, whose body is corpulent, but whose legs are disproportionately thin. Like its relative, it produces severe inflammation of mucous membranes and so rivals it in catarrhs. But for some reason, perhaps from the contained Chlorine, the circulation of the blood seems more affected than in the carbonate; beating as if in the arteries; ebullitions of blood, with anxiety and weakness as if paralyzed; face reddens during an animated conversation; flushes of heat in attacks; followed by sweat mostly on face, palms and soles.* Heat with red, bloated face, worse in warm room, etc.

The nervous system is affected by the *A. mur*; Chills and fever returning every seven days; heat ends in copious sweat; pain in left hip as if tendons were too short.† Must limp when walking, gnawing in bones while sitting.

Sciatica: worse sitting, somewhat better while walking, entirely relieved while lying down; neuralgic pains in stump of amputated limbs; tearing, stitchy, ulcerative pains in heels; better at times for rubbing; worse at night in bed.‡

Joints—Causes a feeling of tension and contraction of the tendons, and so has proved useful in chronic sprains. Morning stiffness; better while walking in open air. The neuralgic and tensive pains in the groins have successfully suggested the drug in uterine and ovarian affections; pain in (l.) groin as if sprained; stitches, soreness, as if swollen; leucorrhœa like white of egg or brown slimy after every urination, uterus displaced or enlarged.

Stools crumble—Blood from bowels; menses black, clotted; early profuse; worse at night; cholera-like vomiting and purging.

* Like *Phosp.*

† See *nat. mur.*, *caust.*, etc.

‡ Heels—*Puls.* (inflamed). *Caust.*, *Sabina.*, *Mang.* (cannot bear weight on heel). *Ant. U.* (sore to pavement). *Led. Grap. Sep.* (ulcers). *Nat. C.* (blisters). *Cepa.*, do. *Ignat.* (burn at night) *Calc.*

Mucous Membranes.—Coryza, one nostril stopped up, nose stopped at night, inside of the nose sore § as in scarlatina, burning in eyes, better at twilight, throat so swollen cannot open mouth; phlegm so viscid, cannot hawk it up. Tonsils throb, glands in neck throb. Cough accompanies many groups of symptoms. Cough dry from tickling in throat, cough violent with mouth full of water. Coldness between scapulæ with the chest affections. Heaviness on the chest in bed, which awakens him at 3 A. M. Sensation as if a swollen morsel had lodged in the chest. Hoarseness, burning in larynx. Though very similar to the carbonate, we note here, stitches in scapulæ when breathing; burning in spots in chest; beating like a pulse in small spots—not an uncommon set of eye, in those subject to vascular fullness of the chest, and bronchitis in winter.

Skin.—Face burns from an eruption,—he cannot sleep until he applies cold water. Skin peels off between fingers. Blisters on wrists, forming scabs.

CARCINOMA OF THE LARYNX.

By GEORGE H. PALMER, M. D.

In view of the recent wide-spread interest manifested in cases of cancer of the throat by the publication, from time to time, of the condition of the Crown Prince of Germany, permit me to call attention to the fact that I, assisted by Dr. Curtis, have lately performed at one time the double operation of tracheotomy and partial laryngectomy, for the relief and removal of a similar cancer in the throat of a well known merchant of this city.

The growth, as in the case of the Crown Prince, and as in the majority of cases of this kind, affected the left side of the Larynx, involving the left ventricular band and vocal cord, left aryepiglottic fold, and left interarytenoid region. The operation was performed on the 27th of July, and the

§ This suggests *A. m.* in Scarlatina, and so comp. with *Arum. triph.*, *Nit. ac. Lycop. Silicea.*

patient, though in a very extreme condition during its performance, which from the difficulties encountered lasted several hours, nevertheless rallied well. The tracheotomy tube was placed in the windpipe as low down in the neck and as far away as possible from the diseased Larynx. The laryngeal box was then opened from "Adam's apple" down, the divided parts being as widely separated as possible, then by means of forceps, hooks, scissors and Billroth's sharp steel spoon periosteotome (the latter proving particularly useful), the diseased structures were freely and thoroughly removed. For several weeks after the operation nourishment was supplied by means of a stomach tube mainly, supplemented by rectal nutriment. About the fourth or fifth week the patient began to recover the power of swallowing, which act was then entirely painless.

A tracheotomy tube is still worn, and breathing and swallowing continue perfectly free and easy, and without pain.

About five months have elapsed since the operation, and the results as a whole have been exceedingly satisfactory, especially so in the way of relief afforded from extreme suffering and pain. At this writing there is no evidence of a recurrence of the tumor in the throat, though the glands on the left side of the neck are sensitive and swollen, and the soft parts in the region of the tracheotomy tube more or less irritated and inflamed from the continued presence of the tube. The general health remains otherwise good.

MEDICAL JOURNALS AND PRACTITIONERS.

By L. HENDERSON, M. D., SALEM, OREGON.

The beginning of Volume sixth of THE CALIFORNIA HOMŒOPATH is a proper occasion for the consideration of the relation of medical journals to physicians, and especially the relative interests of THE CALIFORNIA HOMŒOPATH and the Homœopathic medical profession of the Pacific Coast.

The indifferent disposition manifested by physicians toward most of medical periodicals is not wholly without cause. The



daily necessity of the practitioner is accurately verified therapeutic knowledge. The "busy doctor" has no use for any other literature denominated medical. He will waste little time and less money on it; it goes to the waste basket if of any other character, often with a sigh of yearning for the fresh bread of therapeutics. He regards the subscribing and paying for a medical journal as a contract between himself and the publisher. He thinks he should have a journal devoted to the dissemination of professional knowledge. If a consistent Homœopath, he cannot with interest consistently drum page after page laudatory of this "tonic" or that "sedative," etc., etc. If he does desire such, he ought to experience little difficulty in making a selection, especially if he turns his optics toward Chicago. Homœopaths who are in earnest rightfully expect their journals to advocate practice founded on the principle which has given Homœopathy an abiding place in the hearts and homes of the most intelligent. The future interests of Homœopathy is unsafe in the hands of those who recommend these contraband drugs and compounds. If Homœopaths *do* use them, they are inconsistent; if they do not, the advertisers of this class are most certainly poor financiers.

But if the medical journal does not come up to the standard of proper merit, is it altogether the fault of the publisher? Most certainly not. The medical publisher must necessarily make his publication financially successful. His columns must fill the exchequer. They are *offered* to the profession. But few of the many ably competent, avail themselves of the privilege. How much it is to be regretted that a less number regard it a duty to contribute. This is *the* greatest and most potent reason that our medical journals are not more highly prized.

It is not the elaborately finished disquisition that makes an article the most acceptable to a practical reader. Let medical writers deliver fire at short range. Useful and practical information is at the command of every Homœopathic practitioner. If he hides these under his bushel he is lacking in that spirit characteristic of a true physician. Such an one cannot say aught against the conduct of any medical journal.

The next decade will bring marvelous changes to the people of this Coast. The part that Homœopathists shall have in the general prosperity will be measured by our present and future activity. Doctor, *you* who read these lines, let the spirit of the immortal Hahnemann guide you; remember that the future of Homœopathy is not assured by the laurels won by its founders in the past.

THE CALIFORNIA HOMŒOPATH is doubtless ready and anxious to do its part as well and faithfully as its professional readers or contributors.

MORE EXPERIENCE WITH THE TISSUE REMEDIES.

Dr. A. P. Davis, of Dallas, Texas, writes to us regarding Tissue Remedies: "I regard them as *quantum sufficit* in the cure of all curable diseases that infest humanity. My experience has been extensive in the use of these remedies, and I need no others to do successful practice."

EPITHELIOMA AND KALI-SULPHURICUM.

Rev. R. Boyd, Commerce, Texas, has been afflicted with an ugly looking sore in left temple, embracing all of the temporal region forward of the ear, covering a surface about three by four inches—raised edges, dark looking, covered all over with an ulcerative surface, and exuding a sanious fluid secretion that was a source of much annoyance and anxiety.

In addition to this temporal sore, there is one on the right side of the nose—rather on the cheek, up to, and extending up on the nose, about two inches wide, and three inches long. At the lower and inner edges of this sore there are moderately deep fissures dipping down into the sub-cutaneous tissue. Occasionally there are sharp shooting stitches, piercing like lightning through this one. About fifteen or twenty years ago there was a Homœopathic doctor then living somewhere up on Red River, who treated these epithelioma about four months, and they nearly healed up; but owing to the Allopathic prejudice then (as now) existing against Homœopathy, persecution compelled this Homœo-

pathist to sell out and move away from his neighborhood and extend his career farther westward, and the Rev. Mr. Boyd lost track of him—suspended the treatment because he had no more medicine—and in about two years the ugly old cancer began to grow, and I found it as above described.

When he solicited treatment from me I put him on *Kali-Sulph.* 6x. One month after I saw my case, the sore in the temple had very much lessened, and the surface was assuming a healthy appearance, and had so improved as to permit him to lie on that side of the head (a thing which he had not done for ten years before), and it had the appearance of shrinking and healing up rapidly; the peculiar looking secretion characteristic of Epithelioma had almost ceased, and every appearance was favorable. The one on the side of the cheek and nose looked better, and ceased to burn and itch as it had before treatment. The general health was improved, appetite increased, and he could rest better at night, in fact, he was much encouraged every way.

I have much faith in the use of the tissue remedies, and firmly believe this case will get entirely well of this unhealthy looking cancer.

I am still treating him, and he has unbounded confidence in the final cure of his great annoyance, and to be relieved of the dreadful forebodings of a death by cancer. The horrors of such an end can better be imagined than described.

The medicine keeps the surface of the sore clean and nice, removes the odor, and changes the secretion; and the internal use seems to supply a deficiency in the *cell salts* that go to make up the tissue involved. The theory of supplying the *deficient cell salts* may furnish a basis of thought to some, yet, as this is no secret nostrum, I will let the reader have the benefit of the procedure I adopted in the use of the *Kali-Sulph.*

I give, per orum, about five-grain doses three times a day (better given in solution). At the same time I have the patient make a solution of about the same quantity, and with a small camel's hair brush moisten the sore all over, thoroughly, three times a day, and at night apply to the sore absorbent cotton moistened with same solution. You will be astonished at this wonderfully simple remedy, and more

than gratified when you shall have cured some patient whose loathsome disease has baffled the skill of long-tried and renowned remedies.

I have invariably used the 6th x internally, but would suggest the 3rd or 4th as an external application. (S. J. H.)

Dr. C. T. Mitchell, of Canandaigua, writes: "I have been using these remedies ever since the first little book was issued regarding them. I find them very valuable, and carry them in my pocket-case at all times. They have helped me out of bad cases when the apparently-indicated homœopathic remedy failed. I value Schuessler's work as much, if not more, than any other I have."

The following verifications are some given by Dr. Mitchell to us for incorporation in the forthcoming new work on the Tissue Remedies:

- Menstrual colic: Magnes. phos.
- Bilious fevers: Natrum sulph.
- Adynamic conditions: Kali phos., Nat. mur.
- Congestions, especially of lungs: Ferr. phos.
- Fibrinous exudations and adhesions: Kali. mur.
- Crusta Lactea: Kali mur.; later, Calc. phos.
- Canker sore mouth: Kali mur.
- Boils and abscesses: Ferr. phos.; later, Silicea; later, Calc. sulph.
- Enlarged tonsils: Calc. phos.
- Vomiting of food: Ferr. phos.
- Jaundice: Natrum sulph.
- Acid diarrhœa: Natrum phos.
- Hæmorrhoids and varicose veins: Calcar. fluor.
- Bronchitis: Ferr. phos.; later, Kali mur.
- Rheumatism, acute: Ferr. phos., Kali mur. Wandering pains: Kali sulph.
- Diphtheria: Ferr. phos., Kali mur. Bad cases: Kali phos.
- Neuralgia: Magnes. phos. With numb, creeping sensation: Calc. phos.

Professor Galloway proposes the use of phosphate of potash (*Kali phos.*) as a condiment, and suggests its use in Scurvy, instead of lime juice.

Nat. phos. is an admirable laxative when administered with the food for infants. Dose 5-10 gr., three times daily, for a six months old child.

Professor Wertheim, of Vienna, recommends *Kali mur.* as a wash and gargle in sore mouths and throats.

Dr. Arnozan communicates to the Bordeaux Medical Society the danger of the prolonged administration of the phosphate of lime. In a case of a boy who was dosed with it for six months, there appeared Nephritic colic, vomiting, slight renal pains and passage of small calculi, consisting of pure phosphate of lime.

H. F. Ivins, M. D., of Philadelphia, Pa., gives us the following indications:

Ferrum. phos.: Nasal hæmorrhage, idiopathic (traumatic?) bright red blood, easily coagulable, hæmorrhage from pharynx, larynx, trachea, and perhaps bronchi, with intolerable itching in larynx and trachea, bronchial irritation, cough dry, hard, spasmodic; expectoration slight, if any; hoarseness, mild laryngeal congestion from over use of the voice, dilated vessels in pharynx and larynx.

Conjunctiva congested, and with a sensation as though grains of sand were under the eye-lids, vision dim, letters blur while reading, even though the refraction be normal, or if an error exists, and is corrected by lenses, or where there is no insufficiency of the internal recti muscles, so far as can be determined. Photophobia worse from artificial lights.

Headache, congestive, throbbing, worse from stooping, chiefly frontal; nausea, giddiness.

Nat. sulph.: Reduced hypopion in child of six years in very short time. (Dr. French's Clinic.)

Kali Mur.: Reduced size of an enlarged Tonsils in little girl, and generally improved. (Dr. Peterson's Clinic.)

A HOMŒOPATHIC asylum for the insane is to be established at Fergus Falls, Minnesota.

SELECTIONS.

NOTES FROM RECENT ENGLISH HOMŒOPATHIC JOURNALS.

CALCAREA IN HEPATIC COLIC.

In the *Monthly Homœopathic Review*, Dr. A. S. Alexander gives several cases, illustrating the action of *Calcarea carb.* in Hepatic and Renal Colic. The text for these cases is found in the following assertion of that very excellent observer, R. Hughes:

“One of the uses of *Calcarea carb.* is of a very curious kind. It is its power when given in repeated doses of the 30th dilution, of relieving the pain attending the passage of biliary (Dr. Bayes says also of renal) calculi. It has for me quite superseded the need of chloroform, and even of the hot bath.”

In all the cases treated by Dr. A. S. Alexander with this remedy, the pain subsided *gradually*, showing that it was due to the medicine, otherwise the cessation of the pain would have been sudden and complete. He concluded that *Calcarea* is an efficient remedy in cases of comparatively short duration, and in those rather rare instances, where the stones are soft when passed. Such calculi may perhaps pass through the ducts more quickly than those at a later stage of development, though quite as painful.

DIPHTHERIA.

In a valuable and suggestive paper on Diphtheria, by Dr. F. Neild, the author gives his experience in the treatment of this disease. Having tried the various antiseptics, he preferred the permang. of potass. until he learned to substitute the oil of *Encalyptus*. Called in good time to a case, it is only necessary to prescribe it as a gargle, 6-10 drops in half a tumbler of water, to be used frequently, but if the disease has been neglected for a day or two, the fauces should be painted with the undiluted oil.

Internally, Dr. Neild relies on *Phytolacca* in sthenic cases with high fever and *pains extending to ears*. Where *prostration* is the main indication, he gives *Mercur. cyan.* Where there are symptoms of grave general toxaemia, *Crotalus*. Where the nerves are affected, *Kali. Bich.* Where there is much swelling, *Apis*. *Aconite* I have never shrunk from using where the fever has been an element of danger in conjunction with body compresses.

ARSENIC IN ADDISON'S DISEASE.

In the *Medical Annual and Practitioner's Index*, edited by P. Wilde, M. D., we find much useful and practical information on remedies, diet, etc. We all know what an invaluable remedy *arsenic* is in *Addison's Disease* and how homœopathic is to many symptoms of that disorder. Here is what the editor says of it: The symptoms of the disease bear, in many respects, a resemblance to the nerve depression and gastric irritation which accompanies chronic arsenical poisoning; thus in both we have the general debility and feebleness of the heart's action and irritability of the stomach, with tendency to vomiting. The skin symptoms have also a curious similarity; both the burning and discoloration have been found in several cases of poisoning. The apparent connection between the drug and the disease is interesting and may be worth further investigation.

TONICS AND NARCOTICS.

The excellent series of tracts published by the Homœopathic League furnishes one on the dangers of Modern Medicine. It is a very important and timely exposure of the mischief being daily wrought in the endeavor to relieve pain by tonics and narcotics. The writer shows that the boasted improvement in modern medicine is chiefly, if not entirely, of a negative character, consisting, as it does, in the abandonment of bleeding, salivation, and other irrational practices. "Debarred from the use of painful and exhausting remedies they now," he continues, persuaded themselves and their patients that the disease was debility, which must be treated with the most nourishing food, alcoholic stimulants and tonic medicines. Pain, which was the constant attend-

ant of their former practice, and which was considered most necessary in the treatment of disease, acute and chronic, was now regarded as almost the chief evil to be combated when it presented itself in disease. Sleeplessness was looked upon as a condition it was incumbent on them to remove. Thus debility, pain and sleeplessness were the three chief evils against which the doctor directed his remedial means. This is, in effect, the characteristic feature of the medicine of to-day. Tonics, such as *quinine*, *iron* and *hypophosphates*, concentrated foods rendered digestible to weak stomachs by *pepsine*, *ingluvin*, *pancreatic emulsions*, *maltine*, and the like, and stimulants of the alcoholic kind are employed, without stint against the presumed debility. Narcotics, anæsthetics and hypnotics are of almost universal employment to allay pain or procure sleep.

Having shown that *iron* and *quinine*, the most generally used of so-called tonics, are often a source of serious maladies, he goes on to say:

But the evil effects of tonics are as nothing compared with those of narcotics and hypnotics. Formerly the doctor thought nothing of inflicting tortures on his patient with his leeches, cupping lancets, issues, setons, blisters, cauteries, griping purgatives, nauseous emetics and loathsome drugs. Now his aim is to annihilate pain, to procure sleep to the sleepless, to gild or sugar-coat his pills, to make his draughts palatable, in short to spare his patient all discomfort. Pain is the symptom that he mainly was against. Whatever the disease, the pain of it must be subdued. A search may or may not be made for some remedy against the disease, but to alleviate its pain is the first thing to be attended to. Modern medicine has discovered a number of pain alleviators, or anæsthetics (or, more properly analgesics), that have each in turn been hailed with acclamation by the profession; which seems to show that the effect of the last "pain-killer" had somehow disappointed the expectation it had raised. The chief of these pain-subduing and sleep-compelling drugs are opium (with its alkaloid morphia), bromide of potassium chloral hydrate and cocaine. The employment of chloroform, ether, nitrous oxide gas and other anæsthetics for making surgical operations and the art of parturition

painless, may sometimes be attended by fatal accidents, but the health is not injuriously affected by their casual use, and the few victims they make are a small penalty to pay for the enormous amount of suffering they save. But the injurious consequences of the protracted use of the narcotics we have named are hardly or not all compensated by the small amount of good they do. It is but a poor achievement of "scientific" medicine to procure a temporary alteration for pain and a toxic sleep, which not only leave the disease that causes the pain and sleeplessness uncured, but cause such disastrous effects on the mental and physical health as we shall presently describe. It is a crime, a sin, to purchase temporary exemption from suffering by the ruin of the moral and physical well-being of the sufferer.

" The Gods are just, and of our pleasant vices
Make instruments to scourge us."

How often does a person who has been relieved of some unimportant, though perhaps acute pain, or who has been treated for sleeplessness by one of these fatal narcotics, resort to its use for every recurrence of pain or wakefulness, until at last he gets into the habit of repeating it, becomes enslaved to its deleterious charms, is unable to discontinue it, and falls a victim to its toxic action! The physician who initiated the patient into the pernicious habit is powerless to stop it, for the sufferings induced by its abandonment are so intolerable that the patient loses all moral courage, and resorts to every species of stratagem and subterfuge to obtain relief by repetition of the noxious dose."

The strictures on narcotics are followed by numerous illustrations drawn from British and foreign medical literature, of the evil which has been wrought by *morphia*, *bromide of potassium*; *chloral* and *cocaine*, all in the first instance taken by their victims to relieve pain or procure sleep.

This tract shows not only that palliatives do *not* cure, but that the temporary alleviation of pain they provide is only too often purchased by the formation of an appetite for them that is often more incurable and more disastrous than alcoholic intoxication. Pain is the surest and safest indication for the specific remedy. It cannot be cured by being smothered, by inducing a paralysis of sensation. And yet it is by

such measures that modern medicine endeavors to counteract a large proportion of the acute diseases met with in practice.

OPTIMISTIC AND PESSIMISTIC DISEASES.

Dr. Chas. Porter Hart, (formerly Prof. of Neurology at the Hahnemann Medical College, San Francisco), read a paper in the American Association, on the correction of certain mental and bodily conditions in man, the burden of which was to indicate that diseases located above the diaphragm are optimistic in their tendencies, while those below are pessimistic. His attention was first called to the subject by a patient who, suffering from an abdominal disease which seemed to produce a mental aberration, possessed most decidedly pessimistic views. Upon every subject that could be suggested, social, governmental, or religious, his views were of a markedly gloomy character.

According to the table of disease tendencies, which the author has constructed, chest diseases give buoyancy to the system, abdominal diseases are depressing, and diseases of a constitutional and chronic character, like rheumatism, malaria and dropsy, are equally pessimistic and optimistic. —*Popular Science Monthly*, Oct. 1887.

OPHTHALMOLOGY AND OTOTOLOGY.

DEPARTMENT CONDUCTED BY H. C. FRENCH, M. D.

There could be no better proofs of the growing importance of Ophthalmology and Otology in the world of medical literature, than their prominence in the late International Medical Congress at Washington; and the long list of brilliant specialists, both from abroad, and from the ranks of our home-profession who gathered there for the consideration of these branches of medical science alone, is no mean augur of the triumphs that await their enthusiasm.

The breadth and liberality of the members of these particular Bureaux were noticable in the zest with which they consigned to oblivion any of their own beloved theories and methods whose weakness was revealed by the glowing dawn of the new era. We are glad to witness the recognition of outside merit and genius in the admission of Dr. Norton of our own school to their deliberations.

It was pleasant also to notice that the most prominent oculists of both continents are advocating essentially the same after treatment of cataract extractions that was adopted by our lamented Liebold, nearly two decades ago, and which has been followed so successfully by his pupils ever since. It must soon be manifest that the failures of this most delicate operation in the entire domain of surgery, have been due, not so much to the lack of skill in its execution, as to the embargos that fear has heaped upon it in the shape of oppressive after-dressings, and the long and irksome imprisonments that were erroneously regarded as essential to success.

The cataractous hosts may now rejoice that the path to light, and the path to sight, like all other roads from disease to health, is one of comfort and almost perfect freedom.

It is gratifying to note among other departures of the assembled Solons, the advocacy of a line of treatment for obstructions of the Lachrymal apparatus, which your writer began to employ about twelve years ago, and which he has followed with growing confidence and success up to this time. Unsightly ditches in the line of the canaliculi (so noticeable and frequent heretofore), metallic stiles, and the barbarisms of the Stilling operation have in the interests of humanity, been consigned to the past.

While our school has taken the most progressive ground in relation to ophthalmic and aural surgery, its most brilliant achievements, as in every other branch of medicine, have been in its therapeutic triumphs.

These columns will be open to practical and pithy articles upon eye and ear diseases and their treatment. Especially do we invite a careful record of cures under the law of similia. A journal aiming to meet the wants of practical and busy men cannot afford to stuff itself with long-winded

compilations of standard text-books. Give us the *facts* growing out of your everyday experience, in terse and practical form, and we shall be able to present a department of Ophthalmology and Otology which will always await eager readers.

Colleges, Hospitals and Societies.

COMMENCEMENT EXERCISES OF THE HAHNEMANN MEDICAL COLLEGE.

The fourth annual commencement exercises of the college were held in Odd Fellows' Hall on the evening of Nov. 9th. The programme was a most enjoyable one. The speakers were, E. L. Campbell, Esq., Rev. C. D. Barrows, and Prof. C. L. Tisdale of the faculty. The music was especially fine. A Mandolin Solo, artistically rendered by Miss Marie C. Hyde, was a special feature, and called forth a hearty encore.

The following graduates received the diploma of the institution from the hands of President Eckel, having first been presented by Dean Currier, Anna H. Barnes, Florence N. Saltonstall, Carl G. Fichtner, Alphonse D. Fouchy, of San Francisco, Horace T. Dodge, of Boston, Mass., Ernest H. Mattner, of Adelaide, South Australia, and John D. Chaffee, of Garden Grove, Cal. After the exercises a banquet was given by the faculty, to the graduating class, at the *Maison Doree*.

LICENCIATES OF THE HOMŒOPATHIC BOARD OF EXAMINERS.

During the past year the following physicians have received the license of the above board in conformity with the Laws of the State. This bespeaks the rapid growth of the State, and the consequent demand for Homœopathic practitioners. The State is large and there is plenty of room for more:

Charles C. Olmstead, Pomona, Cleveland Hom. College.....	1860
W. N. Davis, Los Angeles, Chicago Hom. College.....	1881
Daniel E. Stratton, Chinese Camp, State University of Iowa.....	1886

George F. Whitworth, Los Angeles, Hahn. Med. College, Chicago.....	1884
J. A. Sapp, San Jacinto, Cleveland Hom. College.....	1869
Samuel Lilienthal, San Francisco, Royal University of Munich.....	1838
Julia F. Button, Los Angeles, Hahn. Med. College S. F.....	1886
John J. Miller, San Jose, University of Michigan	1880
Caleb W. Brownson, Alameda, Hahn. Med. College, S. F.....	1886
H. R. Fetterhoff, Los Angeles, Hahn. Med. College, Philadelphia.....	1869
Jason Steele, Los Angeles, Detroit Hom. College, Michigan.....	1873
James E. Lilienthal, San Francisco, N. Y. Hom. Med. College, N. Y.....	1880
Horace Brown, Alameda, The Philadelphia College of Med., Phila.....	1852
William Holyoke, Los Angeles, Chicago Hom. Med. College, Chicago....	1882
Charles H. Griswold, Napa, Chicago Hom. Med. College, Chicago.....	1887
Hannah Brown, Los Angeles, Hahn. Med. College, Chicago.....	1887
Francis Gehricke, Pasadena, Women's Med. College, N. Y.....	1878
Charles A. Dorman, East Oakland, N. Y. Med. College, N. Y.....	1869
Edward N. Lowry, San Francisco, Bellevue Hospital College, N. Y.....	1884
A. L. Shepherd, Etiwanda, Pulte Med. College, Cincinnati.....	1875
Eugene P. Mitchell, Los Angeles, Hahn. Med. College, Phila.....	1885
Edward Ulrich, San Jose, Hom. Hospital, Cleveland.....	1871
William Capps, Sacramento, Pulte Med. College, Cincinnati	1878
P. B. Morgan, San Luis Obispo, Pulte Med. College, Cincinnati.....	1881
Eliza M. Miller, Los Angeles, Hahn. Med. College, Chicago.....	1886
Clarence M. Selfridge, Oakland, Hahn. Med. College, Phila....	1887
E. V. Van Norman, Pomona, Cleveland Hom. Hospital, Cleveland.....	1870
L. E. Finch, Santa Ana, Hahn. Med. College, Phila.....	1879
Franklin Smith, Hahn. Med. College, Chicago.....	1879
John B. Hemon, United States Med. College, N. Y.....	1882
James M. Downs, Compton, Hahn. Med. College, Chicago.....	1884
Harry F. Stevens, Los Angeles, Hahn. Med. College, Chicago	1885
I. I. Blecker, Jr., Pasadena, Chicago Hom. Med. College, Chicago.....	1885
Richard C. Dailey, Stockton, Hahn. Med. College, Phila.....	1886
F. A. Krill, San Luis Obispo, Hom. Hospital College, Cleveland.....	1882
E. H. Mattner, San Francisco, Hahn. Med. College, S. F.....	1887
Alphonse Fouchy, San Francisco, Hahn. Med. College, S. F.....	1887
John D. Chaffee, Garden Grove, Hahn. Med. College, S. F.....	1887
Carl G. Fichtner, San Francisco, Hahn. Med. College, S. F....	1887
H. T. Dodge, San Francisco, Hahn. Med. College, S. F.....	1887
J. E. Caldwell, Healdsburg, Iowa State University, Iowa City.....	1881
Walter S. Hall, Santa Cruz, N. Y. Hom. Med. College, N. Y.....	1886
Leonard Pratt, San Francisco, Hom. Med. College of Pa.....	1882
James D. Baker, Monrovia, University of Michigan, Ann Arbor.....	1878

We should be pleased to receive corrections of the above list, and notification of change of address.

HOMŒOPATHIC HOSPITAL COLLEGE.

An era has just passed in the medical educational development of the Pacific Coast. Following the close of the fifth

annual commencement of the Hahnemann Medical College, its Trustees felt the desire to afford broader facilities for promoting clinical instruction. To enable the College to accomplish this, new corporation papers were prepared and the old name dropped, and that of the HAHNEMANN HOSPITAL COLLEGE of San Francisco substituted. This includes the privilege of instituting a dispensary to work in connection with the already established and thriving Hospital. An impetus will thus be given to the College advantages, and with a developing hospital, an active dispensary work, and earnest teaching faculty, fruitful work will certainly be the outgrowth.

HOSPITAL AID SOCIETY.

There is in the process of development a Ladies' Aid Society, established in connection with the Hospital. Two or three preliminary meetings have been held and an active and growing interest is being shown. Permanent officers have not yet been elected. Mrs. Adley H. Cummins is President, and Miss Kate Eckel, Secretary, *pro tem*. We hope in our next issue to be possessed of fuller particulars respecting this praiseworthy institution.

HOMŒOPATHIC CLUB.

THE Homœopathic Club of San Francisco continues its interesting meetings every two weeks at the different houses of its members. Papers are read and discussed, after which a part of the evening is spent in pleasant social intercourse. Dr. S. Worth is the President and J. W. Ward, Secretary.

SOUTHERN HOMŒOPATHISTS.

THE Fourth Annual Meeting of the Southern Homœopathic Medical Association took place at New Orleans, December 14th to 16th. President J. Jones, M. D. of San Antonio.

Some very valuable Bureau Papers were read, amongst which, one by Dr. E. A. Guilbert, on the Bio-chemicals



which we hope to publish in our columns soon. Dr. Wm. E. Green, of Little Rock, contributed a paper on Vesico-Vaginal Fistula and Dr. Holcombe, one on the Influence of Fear in Diseases. Other papers of equal interest were also read.

STATE SOCIETY.

THE Twelfth Annual Meeting of the California State Homœopathic Medical Society will be held at the Hahnemann Medical College Building, San Francisco, May 13th, 1888. Officers for the year are: Geo. H. Palmer, President; S. P. Burdick and C. A. Goss, Vice-Presidents; A. C. Peterson, Secretary; and W. A. Dewey, Treasurer. The heads of the Bureau have been placed in charge of the following committees: Clinical Medicine, C. B. Currier; Obstetrics, J. A. Albertson; Diseases of Women, J. W. Ward; Diseases of Children, L. J. Kellogg; Surgery, R. H. Curtis; Ophthalmology, H. C. French; Materia Medica, S. Lilienthal; Medical Education, G. E. Davis; Electricity, J. W. Moliere. In view of the growing importance of the Annual Meetings of the State Society and its large increase of membership, it is particularly desired to have full reports from all the Bureaus.

PROF. COWPERTHWAITHE advises an injection of Hamamelis in cases of hemorrhage from the urethra in "old sinners" who have suffered often from Gonorrhœa.—*Era*.

Ignatia is the remedy for grief when it is not of long duration. The chronic or long lasting effects of grief call for *Phosphoric Acid*. (Farrington.)

SCHUSSLER'S Biochemic treatment has been recently translated into Spanish by Dr. Convers, of the Homœopathic Institute of Columbia.

A NEW Homœopathic college is announced at Bogota, South America. It opens February 15, 1888.

The California Homœopath.

A MONTHLY JOURNAL,

Devoted to the cause of Homœopathy on the Pacific Coast. The only Homœopathic Medical Journal west of the Rocky Mountains.

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EDITORIAL.

VOLUME VI.

Homœopathy is growing in popularity and strength wherever it is introduced — hospitals, colleges, dispensaries, books and journals are on the increase. There is no town of any size throughout the land where there is not at least one representative of our school; and with the large increase of population in California, made up chiefly of that element of society who are inclined to Homœopathy, our cause is duly strengthened and become a strong force in the community. Responding to this general state of well-being and vigor, the CALIFORNIA HOMŒOPATH will, with this sixth volume of its existence, appear monthly, instead of bi-monthly as heretofore, and, in order to more adequately represent the cause and fulfill its increased duties, it has secured the services of an additional editor. It is their intention to give to

the Homœopathic profession this side of the Rocky Mountains a good journal—one truly representative of our cause, now growing so rapidly in this vast territory. In order to do so they need the active co-operation of the entire profession. All its members can aid this project by subscribing to the Journal, thus giving their moral and financial support. Many can still further help to make it a live journal by sending bits of their experience in their effort to practice Homœopathy. What they most desire is just what the general practitioner can give—records of interesting cases, illustrations of the action of homœopathic remedies—rather than theoretical disquisitions. They prefer short, pithy, practical articles simply because these alone meet the want of the average reader.

An ophthalmological and otological department conducted by Prof. H. C. French, has been added. Contributions to this department will be received from the principal eye and ear specialists of the coast. This department will contain the latest developments of these sciences, and review any new books that may bear on this specialty.

The publishers of the CALIFORNIA HOMŒOPATH earnestly request all those intending to subscribe to this Journal to *send in their names at once*, and thus each subscriber will be assured of the complete volume at the end of the year, as after the present number they do not intend to publish more copies than will be required by their subscribers and exchanges.

FARRINGTON'S CLINICAL MATERIA MEDICA.

Good work that is the expression of a living faith in established principles yields permanent results, and its influence does not cease with the removal of the worker to another sphere, for the character of the work makes a more or less lasting impression upon his contemporaries, which, in the case of a teacher like Farrington, must go far to mould the mental form of those who may have been privileged to be brought within the influence of his teachings. His voice now still, yet speaks again to willing ears through these printed pages of his Clinical Materia Medica, arranged from his

lectures by some of his devoted former pupils. Farrington, like Dunham and Hering, was an ideal homœopathist—ideal because strict fidelity to the fundamental principles of the Organon was united in him, with open-mindedness to every avenue for truth. Without the offensive dogmatism of the extreme purist, Farrington yet retained the former's faith in and loyalty to the words of the Master; without the coquetry to the old school, characteristic of the modern homœopathic liberal, he yet kept abreast with its latest scientific achievements; without incorporating the results of modern experimental pharmacology, so attractive to many amongst us, into the pure Homœopathic Materia Medica; he yet accepted whatever good they offered, using the results for illustration, illumination and explanation, making them thus to pay just tribute to the great principles of Homœopathy, putting them in the subordinate position where they belong—the frame to the pictures of drug action he so masterly portrayed. He thus recognized the true relation of modern pharmacological research to the Materia Medica of Homœopathy, and while the self-sufficient purist may sneer at his willingness to accept aid from this source at all, the true physician can but be grateful that there was one amongst us whose mind, while constantly bathed by truth from all directions, yet was anchored to the great truths of Homœopathy so thoroughly, that all fresh facts in the collateral sciences were at once relegated to their respective places, subordinate to the dominant sway of the Law of Cure. Such were the characteristics of Farrington's work, his practice, his teaching, and so we see it illustrated in this collection of his lectures. It is a privilege, indeed, to possess this Clinical Materia Medica. While those whose delight it was to listen to his lectures will miss much of the happy illustrations casually given, will miss the rare charm of *listening* to one who spoke from the fullness of his heart, yet it will bring back to their memory hours when their hearts burned within them as they felt the truth so lucidly given, inspired by so fervent a faith.

Farrington's Clinical Materia Medica is destined to take a permanent place in our literature. For the student, it is by far the very best, the only text book of our school of its most important branch. For the practitioner it is an excellent

guide, and the very admirable double index added by Dr. Bartlett materially aids the practical usefulness of the work for ready reference. To all who want to learn the method of applying the homœopathic law practically, this work is simply indispensable. For in order to realize the operations of the Law of Cure, the first desideratum is the possession of a knowledge of the pure effects of drugs and the relations these bear to the various diseased conditions met with in daily practice, in other words, we must apply our symptomatology clinically, and this is what Farrington's lectures teach, and the truths they teach are for all time, no matter how their outward form and expression may have to be changed to meet the wants of passing clinical distinctions.

Our grateful recognition is due to Dr. Bartlett, whose energy and faithfulness have seen the present volume through the press.

CLINICAL ITEMS.

Cancer fluvialis (Astacus) is an excellent remedy for chronic Hives and Nettle-rash. Use the third or sixth potency morning and evening. In inveterate cases, with constipation and earthy complexion, remember also *Nat. mur.*

Kali bich 3x for polypi: Use also locally, gr. ii to 1 oz., night and morning. Paint the polypi with the solution. Follow with

Teucrium 1x every six hours, and use the same remedy locally.

Naphthalin 3x is one of the best general remedies for Hay Asthma or Hay Fever; also

Sabadilla 3x, when there is violent sneezing, with lachrymation, redness and swelling of eye-lids, contractive, stupefying headache. Use also locally applied as a spray, or snuffed up the nostrils.

J. H. CLARKE.

CORRESPONDENCE.

NOTE BY THE EDITORS.—Through some unaccountable mistake, the following communication was not published before, and we are glad to do so now, and for the sake of presenting the facts of the case referred to before our readers, reprint the article by Dr. Albertson.

A PECULIAR CASE.

BY J. A. ALBERTSON, M. D.

Mrs. C ———, aged near 30 years, was confined about two years ago. The labor was easy and normal with the exception of an hour-glass contraction which caused a sharp flooding and some trouble in delivering the placenta. The patient made a good recovery in the usual time. The child (a girl) from a superficial examination, appeared to be in a normal condition. The child thrived and did very well for about three months, when it began to get pale, languid and ceased to grow, did not see the child but made several prescriptions without benefit. One day the mother told me that the "top of the child's head had all grown up solid." After a few days I had a chance to make an examination. I found the fontanel, to all appearance, closed. The child continued to lose flesh and strength; had suppression of urine a part of the time; light spasms; very sleepless; pupils largely dilated, and lids remain partly open when sleeping; teeth making an effort to appear; bowels in fair condition; muscles flabby, and skin white as marble. The condition, to say the least, was not encouraging; but after treating the case between three and four months with but little change, it began to improve rapidly, and, upon examination, I found that the anterior fontanel had opened over one-fourth of an inch, and remains so at present. The child is now growing finely, is playful and seems perfectly well.

Without going into the treatment in detail, I will only give the two remedies under which the case improved. The first was *Helleborus Nig.*, which never failed to relieve the suppression of urine. Second, Hydrobromic acid. The *Helleborus* was given in the third decimal dilution, and only when necessary to relieve the urinary trouble. The Hydrobromic acid was given in doses of half a drop to a whole drop in a little sweetened water, two to four times a day, and continued most of the time for nearly three months, only omitting the medicine a few days occasionally. The result was eminently satisfactory, much more so than any pathological theory in regard to the case that I have been able to formulate.

EDITORS CALIFORNIA HOMŒOPATH:—In a recent issue of your journal I notice the history of "A Peculiar Case." Permit me to make a suggestion which may throw some light on the apparent mystery.

The symptoms seem to clearly indicate a case of Hydrocephalus, or more particularly Inter-cranial Dropsy, as a result of Tubercular Meningitis. This form differs from Acute Hydrocephalus in the fact that it is not preceded or accompanied by Acute Meningitis, and is much slower in its development. The loss of flesh and strength, the suppression of urine, the light spasms, the dilatation of the pupils and partly open eyes when sleeping, the flabby muscles

and the marble whiteness of the skin, are all prominent and almost ever present symptoms of this form of Hydrocephalus. The apparent closure of the fontanelles was doubtless due to the pressure of serum within the cranium. It filled the fontanelles so completely that no cavity was ocularly perceptible. Careful taxis would doubtless have demonstrated the above theory to be correct.

The treatment goes to prove the correctness of the above diagnosis, for no remedy rivals Helleborus Niger in its curative effects in such cases. The Hydrobromic Acid possibly met the Cachexy which was the cause of the serous effusion.

Yours truly,

E. J. FRASER, M. D.

Personal Notes, Locations, Etc.

DR. GEORGE H. MARTIN, formerly of Honolulu, was in town a few weeks ago, on his way to New York, to attend the post-graduate and polyclinic courses this winter. He is to devote himself to diseases of the respiratory system, and expects to return to San Francisco to locate permanently. We have the promise of several contributions from him.

DR. DAY, formerly surgeon on the steamer Australia, has located in Honolulu, having purchased DR. MARTIN'S practice. We wish the Doctor the success of his predecessor.

DR. FLORENCE N. SALTONSTALL is in New York completing her studies at the post-graduate courses of that city.

DR. DEWEY has removed his office to 834 Sutter street. Hours: 10 to 12 A. M., and 7 to 8 P. M.

DR. H. K. MACOMBER, of Pasadena, recently paid us a visit on a much needed trip for health and rest.

AMONG recent graduates we find DR. A. D. FOUCHY has located at 504 Filbert street, between Stockton and Dupont; and DR. G. FICHTNER at 504 Fell street, near Laguna. Both gentlemen announce special attention to diseases of women and children.

DR. F. W. SOUTHWORTH, of St. Paul, Minn., a well known homœopathist, has located in Tacoma, W. T. We hope the Doctor will find his new field a congenial and prosperous one.

COQUILLE CITY, Coos County, Oregon, wants a homœopathic physician. The neighborhood is well settled, and there is at present no one there.

SAN BUENAVENTURA, at last accounts, had no Homœopathic physician. A city of 5,000 ought to be a good field.

SALINAS, a town of 3,000, has no Homœopathist.

HORACE T. DODGE, M. D., of the Class of '87, Hahnemann Medical College, has opened an office at 36 Geary street.

ASTORIA, Independence, Woodbern, Silverton, Jefferson, Eugene City, and Oregon City, in Oregon, all flourishing towns, from 1,500 to 5,000 inhabitants, so far as we know contain no Homœopathic physicians.

DR. BOERICKE has removed his *residence* to 1329 Pine street. His office is unchanged, 834 Sutter street. Hours 2 to 4.

DR. G. TAYLOR STEWART has removed to Pasadena.

DR. E. R. BALLARD has changed his office to 114 Geary street.

OWING to an increase of business, MESSRS. W. H. DUNCOMBE & Co. have removed to more commodious quarters at No. 427 Sutter street. Here is to be found a veritable medical exchange, with reading-room, library, nurse register, etc. Give them a call.

DR. C. L. TISDALE, of Alameda, has opened an office in this city at 427 Sutter street, where he will devote himself to his specialty of Rectal diseases exclusively. Hours: 1 to 4 P. M.

BOOK REVIEWS.

Rimedi Individualizzati per Sintomi e Malattie. Ovvero grande Repertorio Clinico Omiopatico, del DOTTOR TOMASO CIGLIANO; Napoli, 1887. Paper; 8 vo.; pp. 964.

(Clinical repertory of remedies individualized by symptoms and diseases. By DR. TOMASO CIGLIANO, Naples.)

Among our confreres who hold aloft the banner of Homœopathy in sunny Italy, none are better known than Dr. Tomaso Cigliano. More especially will he be remembered in connection with his untiring endeavors to obtain an official recognition of Homœopathy during the cholera epidemic of a few years ago.

Aside from Dr. Rubini's work on *Cactus Grandiflorus*, very few contributions to our literature have been received from Italy, until the present volume, which is by far the most important of all. It is the most *complete* repertory that we have in any language, and its arrangements supercedes all others in simplicity and facility of study. It should either be translated into

English, or, at least, form the basis for a comprehensive repertory in the English language.

Dr. Cigliano has had a herculean task in compiling and arranging this book, and we hope that his endeavors toward a recognition of Homœopathy in Italy may be furthered by it.

We advise all physicians who are conversant with Italian to procure this work, indeed, we are not sure but that it would pay others to learn the language in order to use it.

Handbook of Treatment. Arranged as an alphabetical index of diseases to facilitate reference, and containing nearly one thousand formulæ by WM. AITKEN, M. D. Edited, with notes and additions, by A. D. ROCKWELL, M. D. New York: E. B. Treat, Publisher, 1887. Price, \$2.75.

This book is a compilation from the well known work of Dr. Aitken, so far as the therapeutics are concerned, enriched by additions of Dr. Rockwell, the New York Electro-Therapeutist. All theoretical discussion of pathology, etc., are excluded—dealing solely with the treatment, as the title indicates, it puts in our possession in a very handy volume the latest and best therapeutic measures in possession of the regular school. As such it must be invaluable to representatives of that school, and to us Homœopaths it supplies a niche long desired, namely, to get at a glance, and for ready reference, whatever aid is offered by modern old school therapeutics. Conciseness and comprehensiveness characterize the volume.

The Prescriber; a Dictionary of the New Therapeutics. By J. H. CLARKE, M. D. 2d Edition. New York: Boericke & Tafel.

This little volume supplies to the practitioner what the preceding one lacks—namely, the therapeutical measures possessed by Homœopathy, given like the other volume, without any pathological disquisitions. It is really a most useful and practical work. This new edition, besides being much enlarged, includes a glossary of medical terms, rather superfluous, however. It is an excellent supplement to all books on "practice," and should be at the right hand of every prescriber for the sick.

A Manual of the Physical Diagnosis of Thoracic Diseases. By E. DARWIN HUDSON, JR., A. M., M. D., late Professor of General Medicine and Diseases of the Chest in the New York Polyclinic; Physician to Bellevue Hospital, etc. One volume. Octavo. 162 pages. Nearly 100 illustrations. Muslin. Price, \$1.50. New York: William Wood & Company.

From the preface by the author's friend, Dr. L. Johnson, we learn that the talented author and teacher suddenly died even while the manuscript of the present volume passed through the press. The book is the outcome of the needs felt while teaching at the N. Y. Polyclinic, and certainly supplies them well, so far as it is possible for any book of instruction to do, in a field where after all the eye and ear alone can teach accurately. But the present volume tells how to train these, and points out what to look for in the various diseased conditions of the thoracic organs. Very good diagrams and illustrations greatly facilitate the understanding of the text.

Diseases of the Female Mammary Glands. By TH. BILLROTH, M. D., of Vienna, and **New Growths of the Uterus.** By A. GUSSEROW, M. D., of Berlin. Illustrated. These two works constitute Vol. IX of the "Cyclopædia of Obstetrics and Gynecology," (12 vols., price \$16.50), issued monthly during 1887. New York: William Wood & Company.

Diet in Cancer, containing full text of nine cases, and various theoretical considerations by E. CUTTER, A. M., M. D. Reprinted from the Albany Med. Annals, 1887. New York: W. A. Kellogg.

Faulkner's Visiting List, published by Boericke & Tafel, Philadelphia, is so well known by the Homœopathic profession, and needs no comment of ours. Its special feature is the addition of a very excellent repertory, besides all the usual information found in similar publications. Now is the time for supplying yourselves with a new Visiting List. If you have never used Faulkner's, give it a trial, and probably you will never change.

Thirty-eighth Annual Announcement of the Homœopathic Hospital, College of Cleveland, Ohio.

The Sacramento Medical Times. Edited by J. H. PARKINSON, M. D.

A Few Words About Oxygen. By C. B. CURRIER, M. D.

Lindsay & Blakison's Physicians' Visiting List. 1888. Philadelphia P. Blakison, Son & Co.

This little book is of much practical worth to the physician. Besides the visiting list proper, which is admirably arranged, it contains many useful hints which materially enhance its value. This is the thirty-seventh year of its publication, and each year has added improvements, so that the present is well nigh perfection.

POPULAR DEPARTMENT.

THE MANAGEMENT AND CARE OF CHILDREN.

By WM. BOERICKE, M. D.

I.

THE FIRST MONTH OF INFANCY.

No creature is so helpless at birth as the human infant. In order that it may survive at all, it needs all the protection and care the parents can give it. The principles underlying this protection and care are so few and simple that they are within the reach of all, and if carried out would banish much

suffering and discomfort, and frequent doctors' visits, from the lot of the little ones. They are all embraced in cleanliness, warmth, suitable nourishment and rest. Keep your baby warm, clean and dry, give it plenty of pure air, just sufficient suitable food, and secure for him plenty of rest and you fulfill the ideal conditions for its health and happiness, and its ready, responsive growth, in such a genial and well adapted environment, will delight you from day to day.

Now, simple as these conditions are, it is astonishing how comparatively few babies are permitted to enjoy the comfort their application gives, simply because it is a comparatively rare thing to see these principles applied to the daily routine of a baby's life intelligently and really thoughtfully. Many of baby's discomforts originate from the neglect of these first principles, and the cure lies rather in their rigid adoption, than in ostracising the enemy you yourself have called up by drugging and dosing and use of soothing syrups.

THE FIRST BATH should be given to all infants soon after birth, except in those cases where extreme weakness makes it inadvisable. Here simple anointing with olive oil, will answer every purpose until the child grows stronger, and in every case prepare for the first bath by rubbing every part of the body, especially the scalp, and between thighs, and under arm pits, with warm sweet oil, for the purpose of dissolving and detaching the coagulum, the "cheesy mass," which more or less envelops the newly born. Besides the oil is soothing and comforting to the sensitive, tender surface. Now remember that the recent home of this newcomer was very warm, the temperature of the water of his bath should be nearly the same—about 100 degrees Fahrenheit; after the first baths it may be reduced to 90 degrees. Do not guess at it, but have a bath thermometer at hand ready for use. Having anointed the baby all over, with a soft sponge or very soft flannel cloth, and warm water and a little white castile soap, wash every part of him, and then finish up with a quick plunge in the little tub, after which envelop him in the warm, large, soft flannel apron, for thorough drying. Everything about the first bath must be done *speedily*. Let the exposure be as slight and as short as possible. Be-

fore going on to dressing see that the hands and feet are not blue and cold. In order to do everything as expeditiously as possible, every needful article must be within reach and collected together *beforehand*. Be sure about this, as nothing is so trying to everybody, especially the little victim, as looking for some necessary thing with a naked and wet baby in your lap.

The bath may be given to every healthy infant every morning. For very restless babes an evening bath may ensure a good night.

THE CORD.—The next thing in order is the *dressing of the Cord*. This is a remnant of its pre-natal existence, and nature gets rid of it by a *drying* process. The true care of the Cord, therefore, consists in aiding nature in its method of separation, not by the usual method of excluding evaporation and besmearing it with salves, etc., but simply keeping it like every other part of baby's body, *dry and clean*. How? Simply washing it, drying and wrapping it in absorbent cotton. In a few days it will come off, and now a little vaseline, or better still, calendula cerate, applied to the naval will prevent any further trouble here. While the Cord is still attached, it should be laid to the left, underneath the belly-band. This is to be pinned (on the side) with *safety-pins*, which should lie crosswise of the body.

BELLY-BAND.—In regard to the Belly-band; you need it, of course, until the naval is healed, after which time it becomes questionable whether it is performing any use. While not really essential now, I cannot consider it "a hoary nuisance," and really do not think it prudent to leave it off for six months, simply because it protects the abdominal region from cold and exposure, and tendency to diarrhoea. But it must not be so tight as to impede respiration, or interfere with the various dimensions of the abdomen from feeding. Knitted woolen bands are the best; these accommodate themselves to the size of the body; a little lapel knitted on the lower edge may be pinned to the napkin to prevent the slipping up.